

# POLICY AND COMMUNICATIONS BULLETIN

## THE CLINICAL CENTER

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Medical Administrative Series

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M97-5

21 October 1997

### MANUAL TRANSMITTAL SHEET

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SUBJECT: Policy on Reporting Vulnerable Adult Abuse,  
Neglect, Self-Neglect or Exploitation

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1. Explanation of Material Transmitted: This issuance transmits the Clinical Center policy on reporting the abuse, neglect, self-neglect or exploitation of CC "vulnerable adult" patients. The policy was approved by the Medical Executive Committee on 21 October 1997.
2. Material Superseded: None
3. Filing Instructions: "Other" Section

Remove: None

Insert: No. M97-5, dated 21 October 1997

### DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in  
Patient Care

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SUBJECT: Policy on Reporting Vulnerable Adult Abuse, Neglect,  
Self-Neglect or Exploitation

#### PURPOSE

To comply with professional standards of practice and statutory reporting requirements for licensed health care workers and others, the following procedures should be followed when vulnerable adult abuse or neglect is suspected by any health practitioner in the Clinical Center.

#### POLICY

Any health practitioner in the Clinical Center who suspects that a vulnerable adult is or has been the object of abuse, neglect, self-neglect or exploitation or suspects an adult of abusing, neglecting or exploiting a vulnerable adult, should immediately report the situation to the proper authority as provided in the reporting section below. Clinical Center staff shall cooperate with any investigation conducted.

#### DEFINITIONS

Abuse: “Abuse” means the sustaining of any physical or mental injury by a vulnerable adult as a result of cruel or inhumane treatment or as a result of a malicious act by any person.

Exploitation: “Exploitation” means any action which involves the misuse of a vulnerable adult’s funds, property, or person.

Neglect: “Neglect” means the willful deprivation of a vulnerable adult of adequate food, clothing, essential medical treatment or habilitative therapy, shelter, or supervision.

Self-neglect: “Self-neglect” means the inability of a vulnerable adult to provide the vulnerable adult with the services:

- (1) that are necessary for the vulnerable adult’s physical and mental health; and
- (2) the absence of which impairs or threatens the vulnerable adult’s well-being.

Vulnerable Adult: “Vulnerable Adult” means an adult who lacks the physical or mental capacity to provide for his or her daily needs.

#### CRITERIA FOR ASSESSMENT OF POTENTIAL VULNERABLE ADULT ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION:

The following criteria, along with a social assessment should be utilized to identify potential abuse victims. These criteria include but are not limited to:

##### I. Physical Appearance

- unexplained multiple bruises, burns, fractures and lacerations or abrasions,
- consistent hunger, poor hygiene, inappropriate dress, constant fatigue, or listlessness,
- unattended physical problems or medical needs.

##### II. Behavioral

- appears overly fearful or reluctant to respond when questioned,
- patient and family provide conflicting accounts of the incident,

- family member seeks to prevent the patient from interacting privately or speaking openly with healthcare providers

### III. Sexual Abuse

- difficulty in walking or standing,
- torn, stained, or bloody underclothing,
- pain or itching of genital area,
- trauma to genital or perineal area.

### GENERAL COMMENTS

Under Maryland law, any person who makes or who participates in making a report of abuse, neglect, self-neglect or exploitation in good faith is immune from civil liability or criminal penalty.

If a health care worker has a question as to whether suspected abuse, neglect, self-neglect or exploitation has occurred, the health care worker may wish to consult with his/her Clinical Director/Department Head or with staff members in the NIH Legal Advisor's Office.

### SUSPECTED ABUSE AND/OR NEGLECT OCCURRING ON THE NIH ENCLAVE

In cases of suspected abuse, neglect, self-neglect or exploitation occurring on the NIH enclave, the health practitioner should immediately report the situation to his /her Institute Clinical Director or Clinical Center Department Head, or designee, who will report it to the Director of the Clinical Center, or designee. The health practitioner shall also be responsible for immediately reporting the situation to the NIH Police ((301) 496-5685). If the patient is a resident of another jurisdiction, the Montgomery County Department of Adult Protective Services will notify the proper office in that jurisdiction. The NIH Police and Montgomery County Department of Adult Protective Services will coordinate their joint investigations.

Prior to the interview of any patient, the physician responsible for the patient's care shall be informed by the NIH Police, in order that the NIH Police and professional staff can work together to eliminate or minimize any detrimental effect on the conduct of the investigation or upon the treatment of the patient or the patient's welfare. The NIH Police will coordinate the scheduling of interviews with a Clinical Center staff member designated by the responsible physician to handle such coordination.

#### SUSPECTED ABUSE, NEGLECT, SELF-NEGLECT, OR EXPLOITATION OCCURRING OFF THE NIH ENCLAVE

In cases of suspected abuse, neglect, self-neglect or exploitation occurring off the NIH Enclave, the health practitioner should immediately report the situation to his/her Institute Clinical Director or Clinical Center Department Head, or designee, who will report it to the Director of the Clinical Center, or designee. The health practitioner shall also be responsible for immediately reporting the situation to the Montgomery County Department of Adult Protective Services ((301) 496-4359). If the patient is a resident of another jurisdiction, the Montgomery County Department of Adult Protective Services will notify the proper office in that jurisdiction.